



LEICESTERSHIRE SCOUT COUNCIL  
**Young Leader  
 Buckle Form**



Please complete this form and send to your District Commissioner

**Recipients Details**

Full First Names					
Family Name			Date of Birth		
Address					
Post Code			Telephone Number		
Section		Group/Unit		District	

**Young Leader Scheme Completion**

Modules Completed		Missions Completed	
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The Certificate Presentation (**please highlight one choice**).

a) At the earliest possible date at a County Commissioner's Reception.	
b) By an Assistant County Commissioner at a special occasion locally	
on (state date)	at (give time)
at (state venue)	

**Explorer Scout Leader Details:-**

Name			
Address			
Post Code		Telephone Number	
Email			
Signed		Date:	

**District Commissioner Details:**

Name:		District:	
Signed:		Date	

DC to send form to ACC (Explorer Scouts)

ACC (Explorer Scouts)

Signed		Date	
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